

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)		9APR 2001				
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1		/					51					
2			/				52					
3				/			53					
4					/		54					
5						/	55					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			/				TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS			15				TOTAL CLAIMS					